

Hostage

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Bang! Bang! Bang! It sounded like someone hitting a tea tray on a table, until I remembered that I was on the wrong side of the Atlantic for consultants to be served with tea and biscuits and screaming voices made me realise that the sounds were gunshots. My fellowship training in paediatric neurology entailed seeing some adult patients, and I had been called to consult in the emergency room at University of Southern California Medical Center, the largest acute care hospital in the United States, at midday on 8 February 1993. "Get out! He's shooting doctors!" someone yelled. Then a man's voice: "I don't want nurses, I want doctors! I want white coats." The patient and I crouched on the floor. I was dressed in scrubs—white coats upset my paediatric patients—and I threw my ID badge under the examination couch.

Footsteps approached and the cubicle curtain was swept back to reveal a gun pointed at me by a tall, stocky man in combat gear with his other arm round the neck of a female file clerk. "You're a doctor, aren't you?" he shouted. I told him that I was a nurse. "Don't give me that. You're a doctor." I waited for the bullet. Then, "You're British. I like British. I like 'Are you being served.'"

Handcuffed

He asked us to get up. I told him the woman was a patient and that she needed to leave. He agreed and drew handcuffs from his pocket and shackled my right hand to the clerk's left, then led us on a search of the emergency room, looking for doctors to shoot.

■ "He's shooting doctors!"

My previous rotation had been at a neurorehabilitation centre, which had given me ample insight into the damage caused by bullets. I remembered Carol, a woman who had been hit during a drive-by shooting. A neuropsychiatrist had demonstrated her Broca's aphasia by asking her to sing "Happy birthday," and tears had rolled down her face when she was unable to repeat the words. The doctor didn't know that it was her son's fifth birthday that day. I hoped that if the gunman decided to shoot me, he would put the bullet through my brainstem.

Attempting rapport

I tried to establish a rapport with him. I told him my name. He screamed that he did not want to know names. As we walked, the gunman rambled about his hatred of doctors. He felt he'd been experimented on during a physical examination for a job at the hospital. He complained that doctors had infected him with AIDS. I was doing what had become routine since I was at medical school—taking a history. As the gunman talked, he calmed down.

Near the triage area a pool of blood indicated that at least one person had been seriously injured. Photo-

graphs lay scattered around the blood. The gunman barricaded the doors, and with his gun at my back I had to provide a running commentary at gunpoint on the activity that I could see through the glass panels, where I glimpsed several men dressed in riot gear, with high power rifles, positioning themselves outside. The gunman seemed pleased that the "big boys" (the LAPD SWAT team) had arrived.

He turned his attention to the telephones, which had been ringing constantly, and told me to answer and find out if it was the police. News stations had already started to report the shooting and calls were coming from anxious relatives of emergency room personnel. At gunpoint, I had to hang up, but the incessant ringing of the telephones was irritating the gunman. I asked the switchboard for calls to be restricted to the police, and his agitation decreased. The police tried to obtain information by asking me questions requiring only a yes or no—I was surprised how rapidly they had discovered my identity and that of my fellow hostage.

I had little idea of how a SWAT team handles a hostage incident. I thought they would try to overpower the gunman, using tear gas or smoke grenades for distraction. There were few places in the emergency room where we could take cover. The chances of being caught in the crossfire were high. It seemed pointless for both of us to face that possibility. I felt that I had established enough of a rapport with the gunman to take the calculated risk of telling him that I was a doctor. I offered to examine him if he would release my fellow hostage. He replied that it was "too late for that" and refused.

The afternoon wore on, and in between the police telephone calls we talked. We discussed the weather, politics, and travel. The Quaker tenet that "there is that of God in all people" kept running through my mind. I talked to the gunman about my little patients, many of whom have physical and mental disabilities, and he seemed to identify with them.

At 4 pm, in response to a request from the police, he revealed his name—Damacio Torres. He unloaded dozens of rounds of ammunition from his pockets. Next came his ammunition belt, a knife, and two more handguns. I thought he was preparing to make a break from the emergency room.

Released

At 5 pm Torres announced that he was releasing us. The clerk and I shouted to the police that we were about to leave, and walked to freedom.

Torres surrendered a few minutes later. At the debriefing meeting with the SWAT team sergeant, I learnt that before taking hostages Torres had shot three doctors at point blank range, critically injuring two, although all subsequently recovered.

I was impressed by the way in which the SWAT team assessed their performance. They videotaped interviews with me, my fellow hostage, and Torres, for

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teaching purposes. They were pleased with the outcome of the siege. I received the official SWAT team T shirt for "services rendered."

Nightmares

The nightmares started a year later, after the trial. My blood ran cold when the police told me that Torres had written a detailed plan for his rampage, from obtaining the guns to taking hostages and using them as cover to gain access to the wards. He had intended to kill as many doctors as possible before being killed himself. It had puzzled me why he came prepared to take hostages but never made any attempt to bargain for our release. Now I had my answers and they infiltrated my dreams. I had nightmares of being hunted and hiding in piles of bloody, bullet-ridden bodies. I found it increasingly difficult to get to sleep at night. I would go to bed at 1 am only to wake at 3 am after a nightmare, unable to fall asleep again before I had to get up for work.

■ *"Real" doctors don't get post-traumatic stress disorder*

I would jump every time my pager activated. Immediately after the shooting I had no inclination for counselling—"real" doctors don't get post-traumatic stress disorder. After the trial I conceded that I was wrong, that I needed psychiatric help, and I was relieved

to find that pharmacologically "tweaking" neurotransmitter receptors works. I no longer look for escape routes when I am in a building, and the nightmares and insomnia have subsided, but they have returned every time I've tried to wean myself off the tricyclic.

I was puzzled why I should have such severe post-traumatic stress symptoms, as I had not been injured nor had I seen anyone shot. The episode had been more traumatising than the deaths of my parents, whom I had loved for 25 years. I found my answer while I was doing research for a paper on shell shock. W H R Rivers, studying the Royal Flying Corps, found that those most traumatised were the men in the observation balloons hoisted above the trenches. They were exposed to missiles from both sides and had no control over their fate. Being a hostage seems a modern equivalent.

As a result of the incident I developed a deeper love and appreciation of my retarded patients. Intellect can be used for evil purposes as well as to help mankind. It is not necessary to have an IQ above two digits to have a personality, to enjoy life, or to bring happiness to others. Severely retarded children do not need to be able to tell their parents that they love them.

I understand the impact of mental illness, with regard to both my experience with stress disorder and the delusions of my captor. I write to Torres, who is still paranoid but is an articulate man with no previous criminal record.

I realise that life is fragile and beautiful, and I treasure the happy times spent with my family.

Near drowning: self therapy in situ

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Post-traumatic stress disorder is a common problem, developing in 15-24% of people who are exposed to traumatic events.^{1,2} General population surveys have suggested that 1 in 12 adults has experienced post-traumatic stress disorder, the commonest causes being violence (39.5%) and an unexpected bereavement (31.3%).³ Control studies have shown that cognitive behavioural interventions and antidepressant drugs are moderately effective treatments for fully developed post-traumatic stress disorder.⁴ Early psychological debriefing to prevent the development of post-traumatic stress disorder has had mixed results.⁵

Previous stress inoculation training might help in such situations that might cause post-traumatic stress,⁶ but little work has been done to evaluate the effectiveness of teaching cognitive behavioural coping strategies to people at risk of trauma. In this brief paper we report the experience of a trained cognitive behaviour therapist working in a post-traumatic stress clinic who was exposed to the trauma of being trapped underwater and near drowning. During this experience he was able to use a variety of cognitive coping strategies. He did not later develop post-traumatic stress disorder but did experience an alteration of his

assumptions about risks of trauma in general and an increase in the strength of his spiritual values.

Case summary

I was pleased to be getting a day off to go on a "boys' " sailing adventure on Lake Windermere. My previous experience of the lake had been of visiting lakeside cake and gift shops with my wife and 2 year old daughter, but now I was going sailing with a general practitioner friend of similar age (39), Peter.

Though the wind seemed disappointingly light, I was excited to be on an 18 foot yacht, having sailed before only in dinghies. I love water, being a strong swimmer and a sports diver. We made slow progress down the lake because of the light wind and were in danger of missing our planned cafe lunch ashore. We were using the engine, though this felt to me rather like cheating; I also felt superfluous as there was no crewing to be done and I was getting a little bored.

Suddenly the boat heeled to an angle of 45° under a gust of wind from the port side, catching me unprepared and out of position. Then it went over to 90° and I found myself standing on the inside of the hull on the starboard side waiting for the boat to right itself. Then it turned turtle.